

# Hospital Newsletter

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## Judith A. Monroe, M.D. State Health Commissioner



Judith A. Monroe, M.D. was appointed by Governor Mitch Daniels as the new Indiana State Health Commissioner on March 7, 2005.

Prior to her appointment, Dr. Monroe was the director of the Primary Care Center and Family Medicine Residency Program at St. Vincent Hospitals and Health Services, Inc. in Indianapolis.

Her professional experience also includes serving as the director of clinics with the Indiana University School of Medicine Department of Family Medicine from 1990 to 1992.

Dr. Monroe also spent four years (1986 to 1990) with the National Health Service Corps, Morgan County Regional Health Center in Morgan County Tennessee; and three years (1976 to 1979) at the Walter Reed Army Medical Center in Washington, D.C.

She received her bachelor's degree from Eastern Kentucky University in 1975, and her M.D. from the University of Maryland in 1983. She also completed a family medicine residency at the University of Cincinnati in 1986, a fellowship in rural faculty development at East Tennessee State University in 1990, and a mini-fellowship in obstetrics at the University of Wisconsin in 1993.

Dr. Monroe's accomplishments include serving as a successful rural, university and community hospital clinician, educator and executive. She is also an accomplished strategist, scholar, educator and business leader.

"Our most basic defense against disease is personal responsibility," said Dr. Monroe. "Every Hoosier has the opportunity to improve the quality of their life."

"We can have a healthier state tomorrow if every Hoosier commits to healthy choices today," Dr. Monroe said. "We could be ranked among the healthiest states in the nation if we all join together, support one another in this effort and take the first step."

Dr. Monroe is married to Robert Lubitz, M.D., has three children, and resides in Carmel, Indiana.

## Indiana Ranking in 2004 National Healthcare Quality Report

In April, the Agency for Healthcare Research and Quality (AHRQ) released its National Healthcare Quality Report, and its second state ranking based on 2002 statistics. The report reviews over 100 measures, and presents a national and state numeric score for each indicator.

Indiana had 11 measures in the above-average category (compared to all reporting states), 40 in the average category of states, and 27 in the below-average category.

The AHRQ report praises Indiana provider's efforts to treat late stage kidney disease based on a patient's blood count, and found an average hematocrit count of 33 was roughly equivalent to the top ten percent State averages in the nation.

On the other hand, the AHRQ report indicated that efforts in Indiana for patients to undergo a flexible sigmoidoscopy or colonoscopy to screen for colorectal cancer and polyps were low. In 2002, 45.7 percent of patients 50 years or older have received these tests, with percentages equivalent to the bottom ten percent State average.

The report can be found at <http://www.qualitytools.ahrq.gov/qualityreport/state/>.

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## New Federal Regulations

Attached within this mailing is a CMS Program Letter from Centers for Medicare and Medicaid Services (CMS) related to the Interaction of the Emergency Medical Treatment and Labor Act (EMTALA) and the Born-Alive Infants Protection Act of 2002 for your review. CMS states that there are circumstances where a hospital action to not examine, screen, or treat an infant upon a request for emergency care may violate the EMTALA regulations - even if the action occurs outside of the emergency department and within the labor and delivery department.

On March 25, 2005, Federal Register posted proposed changes to four of the current Hospital Conditions of Participation with comments due May 24, 2005. CMS is proposing changes to the Conditions of Participation related to Completion of a history and physical examination in the medical staff and the medical records services Conditions of Participations; authentication of verbal orders in the nursing service and the medical records services Conditions of Participation; securing medication in the pharmaceutical services Conditions of Participation; and completion of the post anesthesia evaluation in the anesthesia services Conditions of Participation.

U.S. Department of Health and Human Services has issued an amendment to the Life Safety Code related to Alcohol Based Hand Rub Solutions and the potential risk of surgical fires. The information can be found at <http://www.nfpa.org/assets/files/PDF/TIA101-00-1.pdf>

On November 15, 2004, CMS published the final rule for a prospective payment system for Medicare payment of inpatient hospital services furnished in psychiatric hospitals and psychiatric units of acute care hospitals and critical access hospitals. The rule (CMS-1213-F) can be found at <http://www.cms.hhs.gov/providerupdate/regs/cms1213f.pdf> with a correction at [http://www.cms.hhs.gov/providerupdate/regs/cms1213CN\\_correction.pdf](http://www.cms.hhs.gov/providerupdate/regs/cms1213CN_correction.pdf)

In October 2004, CMS updated its Conditions of Participation (42 CFR 482.43) on Discharge Planning to ensure a hospital provide patients with a list of Home Health Agencies or Skilled Nursing Facilities that are available to the patients. The Conditions of Participation specifies in subparagraph (6) (iii) that the hospital must document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf.

## Preparing for the Next Pandemic

The recent outbreak of avian H5N1 influenza in Southeast Asia is of major concern to public health officials. As of this writing, the virus has killed 50 people, sickened many others, and resulted in the culling of thousands of chickens. Although the virus has not yet demonstrated the ability to easily transmit from person to person, further viral mutations may allow that ability at any time.



The Indiana State Department of Health (ISDH) is addressing this issue through the Pandemic Influenza Working Group. Chaired by Dr. Charlene Graves, Medical Director for Immunization and Injury Prevention, the working group has met regularly since March to draft a state-level plan for influenza pandemic preparation and response.

The working group has identified six areas associated with this effort: planning/logistics, surveillance, strategies/ policies, mass care/prophylaxis/data, communications, and training. The ISDH pandemic plan will mainly address preparedness and response issues at the state level; however, many action items would entail a similar response at the local level. Action items are organized according to the six pandemic phases recently described within the World Health Organization (WHO) Global Influenza Preparedness Plan<sup>1</sup>.

Representatives from the working group will take the final draft of the plan to the regional pandemic influenza planning meeting in Chicago on April 26-27 for feedback and recommendations. The plan will be then be revised based on information gained at the meeting and reviewed. The training subcommittee is developing strategies to educate health care providers, public health professionals, and the public regarding pandemic planning and response. Regional trainings will be held throughout Indiana by December 31, 2005.

More information regarding influenza pandemics and pandemic planning and response will be available in the June issue of the *Indiana Epidemiology Newsletter*.  
(Reference: <sup>1</sup>[www.who.int/csr/resources/publications/influenza/en/WHO\\_CDS\\_CSR\\_GIP\\_2005\\_5.pdf](http://www.who.int/csr/resources/publications/influenza/en/WHO_CDS_CSR_GIP_2005_5.pdf) )

### FDA Notification on Vail Products Enclosed Bed Systems

On March 22, 2005, the Food and Drug Administration (FDA) advises hospitals who have a Vail 500, 1000, or 2000 enclosed bed system to stop using immediately and move the patient to an alternative bed because patients can become entrapped and suffocate in those models. FDA indicates that the entrapment zones can include areas between the side rails, mattress, canopy, and end rails.

### Hospital Service Reporting

Under IC 16-21-6-3, Indiana hospitals must report their set-up beds, discharges, patient days and total charges.

The request for annual 2004 utilization information is attached with results to be completed and transmitted to ISDH by June 1, 2005.

The posting of 2003 hospital services is posted at <http://www.in.gov/isdh/regsvcs/acc/services/2003/index.htm>.

## Hospital Consumer Reports

With introduction of the new Hospital Consumer Reports, ISDH has created five state consumer guides and posted three federal studies in a new section titled Consumer Reports on the ISDH Web Page at <http://www.in/isdh.index.htm> . In January 2005, the Hospital Consumer Reports were logged into 1,023 times. Citizens also reviewed the CMS *Hospital Compare* to review a graphic design of quality indicators by the hospital, within the state, and across the USA.

Recently, the federal Automated Survey Processing Environment Software for hospitals was incorporated into the ISDH Hospital Consumer Reports. This involved additional hospital services and staff positions that were previously not recorded. ISDH posted the revised version on April 28, 2005, and now request hospitals to review this information.

You are encouraged to review the Hospital Consumer Report for your hospital and notify ISDH of any needed changes by submitting a new hospital database worksheet (State Form 51865). It is requested that you mail the attached State Form 51865 to ISDH, or fax it to the attention of Mary Azbill to 317/233-7157.

## State Prescription Assistance Programs

Through [www.rxforIndiana.org](http://www.rxforIndiana.org) and the toll-free hotline 877-793-0765, Hoosiers and their health care providers can search more than 300 public and private programs that provide more than 2,400 programs that provide more than 2,400 prescription medication thru pharmaceutical assistance programs for which they may be eligible. The confidential web site is also available in Spanish and available through Relay Indiana.

Patients provide information on age, income level and insurance and their eligibility for discount or free medicine from drug companies is then worked out. Enrollment forms can be filled out by patients and doctors online and sent electronically to the programs.

## Top Five State and Federal Deficiencies Found on Acute Care Hospital Surveys

State Deficiencies Found On Acute Care Hospital Surveys 4/1/2004 – 4/1/2005
1. Physical Plant 2. Infection Control 3. Nursing Service 4. Pharmaceutical Services 5. Quality Assessment



Federal Deficiencies Found On Acute Care Hospital Surveys 4/1/2004 - 4/1/2005
1. Staffing and Delivery of Care 2. Patients' Rights 3. Nursing Services 4. Privacy and Safety 5. Medical Staff

## Update on HRSA Hospital Bioterrorism Preparedness Grant

The Health Resources and Services Administration (HRSA) cooperative agreement under the Bioterrorism Hospital Preparedness Program (HBPP) provided \$10,270,929.00 for Hospital BT Preparedness Planning in Indiana for 2004-2005. Of that amount \$7,521,000 has been distributed to date to 108 of the 145 hospitals eligible for HRSA funds.

The grant guidance from HRSA for the 2005-2006 period is scheduled to be sent to the states in May 2005. The guidance will outline the requirements for the grant and indicate the Critical Benchmarks for the coming year. The states are anticipating a cut in the total amount that each state will receive based on the cut in the federal budget to HRSA and information received from the national office. The grant amount to the states has not been released.

As in the past, contracts will be distributed in September of this year to the 145 eligible Acute Care Hospitals. The deliverables will be based on the Critical Benchmarks. It is anticipated that the money will again be distributed to the hospitals based on their 2004 Emergency Department activity as reported to ISDH.

## House Enrolled Act 1320

Governor Daniels has signed House Enrolled Act No 1320 in law. The act defines a "construction project" and requires at least two public hearing by any organization that will create a new or renovated physical structure that will require new or continued licensure as a hospital or ambulatory surgery center. The hospital construction project is defined as a hospital proposing a project estimated to cost at least ten million dollars. The ambulatory surgery center construction project is defined as one estimated at the cost of at least three million dollars. The act becomes effective July 1, 2005.

ISDH will notify each hospital of further details of the implementation of needed procedures in the future.

## ACS Publishes Manual on Surgical Patient Safety

The American College of Surgeons has announced publication of its new manual *Surgical Patient Safety: Essential Information for Surgeons in Today's Environment*. Edited by Barry M. Manuel, MD, FACS, and Paul F. Nora, MD, FACS, this 200-page publication is intended to provide guidance and leadership in evolving areas of patient safety. Strategies for preventing wrong-site surgery, safe implementation of blood and blood components, and patient safety in trauma care are addressed, as are broader error prevention methods such as the use of surgical simulation, educational interventions, and quality improvement initiatives. Order information can be found at <http://www.facs.org/newsscope/ns030405.html>

### Telephone Directory by Topic

#### Hospital Program & Procedure Changes

Ann Hamel  
317.233.7487

#### Plan Review

Todd Hite  
317.233.7166

#### Data Reporting

Tom Reed  
317.233.7541

### Hospital Information on ISDH Web Site

- Directory (with quarterly updates)
- Laws/Rules/Regulations (USA & IN)
- Licensing Form
- Reports
- Links to various organizations

### The Hospital Newsletter

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2 North Meridian Street  
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**Judith A. Monroe, MD**  
State Health Commissioner

**Sue Uhl**  
Deputy State Health  
Commissioner

**Terry Whitson, JD**  
Assistant Commissioner  
Health Care Regulatory Services

**Mary Azbill, MT**  
Director of Acute Care

**Ann Hamel, RN**  
Program Director

**Sherry Douglas**  
Layout Design